

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X060

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

| | | central of cach v | ioiation is specifi | ieu iii tiie iiai i ativi | c portion or th | is report. | | | |
|---|--------------|--|---------------------|---------------------------------------|-----------------|-------------------------------------|---|-------------|--------------|
| Establishment Name | | | | | | Telephone Number | Date of Inspection (mm/dd/yr) 7/10/2019 | | PERMIT # |
| Seeds and Greens Natural Market at Dli Establishment Address (number and street, city, state, zip code) | | | | | | - | | | 19-273 |
| 207 V | N. Ist | St | Jew Albi | M.IN 47 | 150 | | | | |
| Owner | | | | | | Purpose: | Follow-up Release Date | | |
| Stacey Freibert | | | | | | 1. Routine | 10 /0 days | | |
| Owner's Address | | | | | | 2. Follow-up Summary of Violations: | | | ns; |
| Person in Charge | | | | | | 3. Complaint | CQ NC RQ | | |
| Stacy Freibut | | | | | | 4. Pre-Operational | lc x | NC_C | |
| Responsible Person's E-mail freiberte bellsouth. net | | | | | | 5. Temporary 6. HACCP | Menu Type (See back of page) | | |
| Certified Food Manager | | | | | | 7. Other (list) | 12_ | 3_ X | _45 |
| Stracy Frish + (6/6/24) | | | | | | | | | |
| • CRITICAL | LITEMS AR | E IDENTIFIED I | N THE CHECKLES | ST AND NARRATIV | E COLUMNS I | MARKED "C" | | ; | |
| • VIOLATIC | ON(S) REPEA | ATED FROM PRI | EVIOUS INSPECT | TIONS ARE DENOT | ED IN THE "SU | MMARY OF VIOLATIONS" A | AND IN THE NA | RRATIVE | BELOW AS "R" |
| Section# | C/NC | R | |] | Narrative . | | | To Be C | orrected By |
| | | | | ··· | | | | <u>.</u> | · . |
| | | √ ₀ | violations. | | · · · · · · | | * . | ٠ | |
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| Received by | (name and t | title printed): | | | | Inspected by (name and title | printed): | | |
| | | | pert | | | A.). Ingram (EHS) | | | |
| Received by | (signature). | , , , , , | | | | Inspected by (signature): | p | . | |
| Stacey Freibert Received by (signature) Ltacy Frichert | | | | | | \sim | | | |
| cc: | |) | | ce: | | | cc: | | |
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